AF \$ 33.00 P

PTO/SB/17 (10-08)
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Origo, and rapping	TO THE STATE OF		.,	Complete if Known				
Fees pursuant to the Co	Effective on 12/08/ Insolidated Approp		R. 4818).	Application Num	ber	09/774,682-Cor	nf. #3648	
FFF	RANS	MITTAL		Filing Date		February 1, 200	)1	
FEE TRANSMITTAL			First Named Inv	t Named Inventor Motoshi Asan				
For FY 2009			Examiner Name F. Poinvil					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	it 3696				
TOTAL AMOUNT OF PAYMENT (\$) 1,080.00			Attorney Docket No. SON-2024					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
X Charge any additional fee(s) or underpayments of X Credit any overpayments								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	· ·	LING FEES		ARCH FEES	EXAMI	NATION FEES		
Application Type	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	330	165	540		220	110		
Design	220	110	100		140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
		110	U	v	U	V		Small Entity
Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues) 52 26						26		
Each independent cl				220	110			
Multiple dependent claims 390 195								195
Total Claims	Extra Claim	s Fee (\$)	F	ee Paid (\$)	!	<b>Multiple Dependent Claims</b>		
	HP =	_ x =			<u> </u>	<u>ee (\$)</u> <u>F</u>	ee Paid (\$	3)
HP = highest number o	f total claims paid fo	r, if greater than 20.						
Indep. Claims	Extra Claim	s <u>Fee (\$)</u>	F	ee Paid (\$)				
or t		_ x =						
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction	on thereof. See	35 U.S.C. 41(a)(1)	)(G) and	37 CFR 1.16(s).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Total Sheets	Extra Shee			additional 50 or fra		of Fee (\$)	Fee	Paid (\$)
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1403 Request for oral hearing 1,080.00								
SUBMITTED BY								
Signature	W	1992	290	Registration No. (Attorney/Agent)	24,104 40,290		(202) 95	5-3750
Name (Print/Type) Ronald P. Kenanen/Christopher M. Tobin Date Ma					March 5	March 5, 2009		



PTO/SB/32 (01-09)
Approved for use through 02/28/2009. OMB 0651-0031
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Under the Paperwork Reduction Act of 1995, no REQUEST FOR O		Docket Number (Optional)					
BEFO THE BOARD OF PATENT APPE		SON-2024					
THE BOARD OF THE EAST	In re Application of Motoshi Asano et al.						
	Application Number		Filed				
1	09/774,682-Conf. #36	348	February 1, 2001				
	For ELECTRONIC-MONEY SETTLEMENT METHOD AND INFORMATION PROCESSING APPARATUS THEREFOR						
	Art Unit 3696	Exami	ner F. Poinvil				
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.  The fee for this Request for Oral Hearing is (37 CFR 41 20(b)(3))  \$ 1,080.00							
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3))  \$ 1,080.00							
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:							
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
The Director has already been authorized to charge fees in this application to a Deposit Account.  I have enclosed a duplicate copy of this sheet.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 18-0013							
A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
1,, 4,							
applicant/inventor.		(	40, 290 Signature				
assignee of record of the entire in See 37 CFR 3.71. Statement un (Form PTO/SB/96)	nterest. nder 37 CFR 3.73(b) is enclosed.		Ronald P. Kananen/ Christopher M. Tobin Typed or printed name				
x attorney or agent of record.			March 5, 2009				
Registration number 24,104/	40,290		Date				
attorney or agent acting under 37 CFR 1.34.							
Registration number if acting under 37	7 CFR 1.34.		(202) 955-3750 Telephone number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
X •Total of 1 forms are subr	mitted.						

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